

Thank you for your interest in participating in the YouthBuild Savannah Program! Below is some information that will help you learn more about the program and the application process.

### **Program Overview**

The YouthBuild Savannah Program is a comprehensive employment training program which promotes affordable housing. Eligible young men and women, ages 16 – 24 years old will spend nine (9) months participating in activities such as: GED Instruction, Construction Training, Leadership Training, Community Involvement and Counseling Services.

Participants will use their construction trade skills to improve their community by building affordable housing for low-income families. Each trainee will receive above minimum wage for their work on the construction site with the possibility of wage increases and bonuses, based on work performance.

Upon completion of the program, graduates will receive assistance with job placement and/or identifying advanced training/educational opportunities.

### **Application Process**

There are three (3) steps to the YouthBuild Savannah Program application process, all of which **MUST** be completed to be considered:

**Step 1** – Detach and complete the attached YouthBuild Savannah Program application and return to:

#### ***YouthBuild Savannah Program***

##### ***Office Location:***

***Abercorn Center Office Building  
6555 Abercorn Street Suite #224  
Savannah, GA 31405  
(912) 651-2166***

***All applications must be returned by 5:00pm on FRIDAY, JANUARY 13<sup>th</sup>, 2017!!!!!!***

***\*Please keep the attached YouthBuild Savannah Checklist and obtain all stated items by orientation.***

**Step 2** – Complete an educational assessment. Upon the completion and return of your application, you will be given a TABE assessment to help the staff determine how best to assist you in attaining your GED. It will take approximately 90 minutes to complete, so please make appropriate arrangements. This is a **VERY** important part of the application process, so **DO YOUR BEST!**

**Step 3**-- Complete the YouthBuild Savannah Program Interview process. Your completed application will be reviewed by the YouthBuild Savannah staff. If you are potentially eligible to participate in the program, you will be scheduled for a brief interview conducted by the YouthBuild Savannah staff. This interview will help us learn more about you.

### ***Orientation Selection Process***

YouthBuild Savannah staff will review and consider ONLY those applications submitted by the application deadline. Staff will ONLY invite to Orientation/"Mental Toughness" those applicants who are eligible, complete the application thoroughly and will potentially benefit from this intensive nine (9) month program. Because slots are limited, a YouthBuild Savannah Waiting List will be maintained to select from as necessary.

### ***Orientation/ "Mental Toughness"***

Orientation/"Mental Toughness" is a very structured two to three (2-3) week observation period where potential trainees are introduced to the YouthBuild Program Model and the expectations prior to the start date. Orientation also provides an opportunity for the staff to observe how well potential trainees adhere to program policies and procedures; this includes the applicant's completion of the **YB Eligibility Checklist** (see attachment). At the completion of orientation, only **some** Orientation/"Mental Toughness" participants will be selected as 2017 YouthBuild Savannah Trainees. ***Participants will not be paid for orientation! GOOD LUCK!***

 <b>Eligibility Application</b>	For YouthBuild Savannah Staff Only <input type="checkbox"/> Verified	
	Date Received:	Staff Initials:
	TABE Date:	
	TABE Scores: R _____ M _____ GE _____	
	Interview: (circle one) Y N	If Yes, Date:
	MT/Orientation: (circle one) Y N	If Yes, Date:
<b>Contact Information</b>		
First Name: _____ Middle: _____ Last Name: _____		
<b>Residential Address</b> <i>Note – the address entered here will become the eligibility address which is captured on the application</i>		<input type="checkbox"/> Verified
Line 1: _____		
Line 2: _____		
City: _____ State: _____ County: _____		
Zip Code: _____		
<b>Primary Phone Number:</b> _____ Ext. _____	<b>Primary Phone Type (Select 1)</b> <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
<b>Alternate Phone Number: Required</b> _____ Ext. _____	<b>Alternate Phone Type (Select 1)</b> <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other _____	
<b>Email Address:</b>		
<b>Mailing Address</b> Check here if Mailing Address is the same as Residential Address <input type="checkbox"/>		
Line 1: _____		
Line 2: _____		
City: _____ State: _____ County: _____		
Zip Code: _____		

Demographic Data		<input type="checkbox"/> Verified
<b>Social Security Number:</b>	<b>Gender: (check one)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Date of Birth:</b>	<b>Age:</b>	
<b>If you are a <u>MALE</u> and <u>18 and older</u>, have you registered for the U.S. Selective Services?</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div> <div> <input type="checkbox"/> Documented exemption from registration  <input type="checkbox"/> Not Applicable         </div> </div>		
Selective Service Registration #: _____ Registration Date: _____		
<b>Race (multiple selections are allowed):</b>  <input type="checkbox"/> African- American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian-American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>Check the category(ies) that applies to you:</b>  <input type="checkbox"/> Individual with a disability ( <i>documented</i> ) <input type="checkbox"/> School Dropout <input type="checkbox"/> Migrant Youth <input type="checkbox"/> Low- Income Family <input type="checkbox"/> Youth in Foster Care <input type="checkbox"/> Youth Offender <input type="checkbox"/> Child of Incarcerated Parent <input type="checkbox"/> Adult Offender <input type="checkbox"/> Other _____  <input type="checkbox"/> Referred by _____	
<b>Ethnicity:</b> Hispanic / Latino  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Which state-issued form of identification do you have:</b>  <input type="checkbox"/> Identification Card # _____ Expiration Date _____  <input type="checkbox"/> Driver's Permit # _____ Expiration Date _____  <input type="checkbox"/> Driver's License # _____ Expiration Date _____  <input type="checkbox"/> None of the Above	<b>Authorized to work in U.S.</b>  <input type="checkbox"/> Citizen of U.S. or U. S. Territory <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No  Alien/Visa Registration #: _____  Alien/Visa Expiration Date: _____	
<b>Emergency Contact Information</b>		
<b>Parent / Guardian</b>  Name: _____ Relationship: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Cell/ Mobile # _____ Home # _____ Work # _____		
<b>Relative</b>  Name: _____ Relationship: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Cell/ Mobile # _____ Home # _____ Work # _____		
<b>Relative / Non-relative</b>  Name: _____ Relationship: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Cell/ Mobile # _____ Home # _____ Work # _____		
<b>Preferred Hospital for Treatment:</b> _____ <b>Known Allergies:</b> _____		

Education & Training Information			<input type="checkbox"/> Verified
<b>Current School Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> In-school, H.S. or less  <input type="checkbox"/> In-school, Alternative School  <input type="checkbox"/> In-school, Post H.S. </div> <div style="width: 48%;"> <input type="checkbox"/> Not attending school, H.S. Dropout  <input type="checkbox"/> Not attending school, H.S. Graduate </div> </div>			
<b>Do you have a High School Diploma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you have a GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you taken and PASSED any parts of the GED exam?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please indicate the parts you have PASSED:</b> <input type="checkbox"/> Mathematics- score _____ <input type="checkbox"/> Reasoning through Language Arts- score _____ <input type="checkbox"/> Science- score _____ <input type="checkbox"/> Social Studies- score _____	
<b>Current Highest School Grade Completed</b> <i>("completed" means you successfully attended the full school year and was promoted to the next grade)</i>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1<sup>st</sup> Grade  <input type="checkbox"/> 2<sup>nd</sup> Grade  <input type="checkbox"/> 3<sup>rd</sup> Grade  <input type="checkbox"/> 4<sup>th</sup> Grade  <input type="checkbox"/> 5<sup>th</sup> Grade  <input type="checkbox"/> 6<sup>th</sup> Grade </div> <div style="width: 50%;"> <input type="checkbox"/> 7<sup>th</sup> Grade  <input type="checkbox"/> 8<sup>th</sup> Grade  <input type="checkbox"/> 9<sup>th</sup> Grade  <input type="checkbox"/> 10<sup>th</sup> Grade  <input type="checkbox"/> 11<sup>th</sup> Grade  <input type="checkbox"/> 12<sup>th</sup> Grade but did not graduate  <input type="checkbox"/> High School Equivalency Diploma </div> </div>		<b>Please indicate the reason you did not complete school:</b>  <input type="checkbox"/> Academic (e.g., low attendance, struggled with schoolwork, etc.) <input type="checkbox"/> Personal (e.g., needed a job, cared for a family member, etc.) <input type="checkbox"/> Both academic and personal <input type="checkbox"/> Neither academic nor personal Reason _____ <input type="checkbox"/> Incarceration <input type="checkbox"/> Other _____	
<b>Last school attended</b> Name: _____ City: _____ State: _____ Last Year Attended: _____			
<b>Did you take technical, Industrial Arts or Shop classes in high school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			
<b>Do you plan or hope to attend vocational school or college?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list program of interest: _____			
<b>Have you ever been enrolled in any other training programs (Job Corps, Youth Challenge)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Program _____</div> <div style="width: 30%;">Enrollment Dates: _____</div> <div style="width: 30%;">Did you complete: <input type="checkbox"/> Yes   <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Program _____</div> <div style="width: 30%;">Enrollment Dates: _____</div> <div style="width: 30%;">Did you complete: <input type="checkbox"/> Yes   <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Program _____</div> <div style="width: 30%;">Enrollment Dates: _____</div> <div style="width: 30%;">Did you complete: <input type="checkbox"/> Yes   <input type="checkbox"/> No</div> </div>			
<b>Have you ever attended Savannah Technical College?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Name of Program: _____  <b>Or, have you ever been advised not to return to any their campuses?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
<b>Do you have any previous construction experience?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe your experience: _____ _____			
<b>Barriers</b>			
<b>English language learner</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Health Issues</b>  <input type="checkbox"/> Significant health issues <input type="checkbox"/> No significant health issues	<b>Pregnant</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<b>Requires additional assistance to complete an educational program</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment / Work History		
<b>Current Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <input type="checkbox"/> Never been Employed		
<b>If currently employed:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Employer/ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Start Date: _____ Position/ Title: _____ Rate of Pay: \$ _____ per hour/ week/ month ( <i>circle one</i> )     Hours worked: _____ per week Supervisor's Name: _____ Contact Number: _____		
<b>Previous Employment</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Employer/ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Start Date: _____ End Date: _____ Position/ Title: _____ Rate of Pay: \$ _____ per hour/ week/ month ( <i>circle one</i> )     Hours worked: _____ per week Supervisor's Name: _____ Contact Number: _____ Reason for leaving: _____		
<b>Previous Employment</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Employer/ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Start Date: _____ End Date: _____ Position/ Title: _____ Rate of Pay: \$ _____ per hour/ week/ month ( <i>circle one</i> )     Hours worked: _____ per week Supervisor's Name: _____ Contact Number: _____ Reason for leaving: _____		
Household & Income Information		<input type="checkbox"/> Verified
<b>Household Size:</b> # of Adults _____ # of Children _____ <b>Total #</b> _____	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner	<b>Household Yearly Income: (<i>please check one</i>)</b> <input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$30,001 - \$35,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> \$35,001 - \$40,000 <input type="checkbox"/> \$20,001 - \$25,000 <input type="checkbox"/> \$40,001 - \$45,000 <input type="checkbox"/> \$25,001 - \$30,000 <input type="checkbox"/> More than \$45,000
<b>Current Living Status (<i>check all that apply</i>)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Living with family  <input type="checkbox"/> Living alone  <input type="checkbox"/> Living with friends  <input type="checkbox"/> Living in a homeless shelter  <input type="checkbox"/> Other _____             </div> <div style="width: 48%;"> <input type="checkbox"/> Living in public housing  <input type="checkbox"/> Living in a group home  <input type="checkbox"/> Living in a transitional house  <input type="checkbox"/> Living with foster guardian             </div> </div> <b>Is your current living status:</b> <input type="checkbox"/> Stable <input type="checkbox"/> Unstable		<b>Do you have children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information: Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ <b>Do your child/ children live with you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Assistance, Individual or member of a household that is receiving, or in the past 6 months has received, the following:</b> <i>(check all that apply)</i> <input type="checkbox"/> Medicaid <i>{If no, do you have private health insurance}</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> State or Local Income based Public Assistance (General Assistance) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Other Source of Income or Public Assistance _____		

Criminal Justice Information		
<b>Have you ever been <u>convicted</u> of a crime in the juvenile <i>OR</i> adult court system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:		
Date: _____	Conviction: _____	Sentence: _____
Date: _____	Conviction: _____	Sentence: _____
Date: _____	Conviction: _____	Sentence: _____
Date: _____	Conviction: _____	Sentence: _____
<b>Do you currently have <u>pending charges</u> or <u>have been charged</u> of a crime in the juvenile <i>OR</i> adult court system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:		
Date: _____	Charge: _____	Status: _____
Date: _____	Charge: _____	Status: _____
Date: _____	Charge: _____	Status: _____
Date: _____	Charge: _____	Status: _____
<b>Are you currently on juvenile probation/ parole?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:		
Probation/ Parole Officer Name: _____		Location: _____
Telephone Number ( <i>officer</i> ): _____		Date of most recent contact: _____
Expected Discharge Date: _____		
<b>Are you currently on adult probation/ parole?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:		
Probation/ Parole Officer Name: _____		Location: _____
Telephone Number ( <i>officer</i> ): _____		Date of most recent contact: _____
Expected Discharge Date: _____		
Additional Questions		
<b>How did you hear about this program? (check all that apply)</b>		
<input type="checkbox"/> Church <input type="checkbox"/> City of Savannah's Website <input type="checkbox"/> Community Center: _____ <input type="checkbox"/> Family Member/ Friends/ Neighbor <input type="checkbox"/> Flyer	<input type="checkbox"/> Information Session presented by YouthBuild Savannah staff <input type="checkbox"/> Probation/ Parole Officer <input type="checkbox"/> Radio/ TV <input type="checkbox"/> Social Media <input type="checkbox"/> YouthBuild Savannah Graduate: _____ <input type="checkbox"/> Other: _____	
<b>Have any of your relatives participated in the YouthBuild Savannah Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information:		
Name: _____		Relationship: _____
Name: _____		Relationship: _____
FOR OFFICE USE ONLY		
Eligibility		
<b>Applicant meets the definition for low income:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Applicant is Basic Skills Deficient:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Participant Type:</b>  <input type="checkbox"/> School Dropout <input type="checkbox"/> Youth Offender <input type="checkbox"/> Migrant Youth <input type="checkbox"/> Adult Offender <input type="checkbox"/> Youth in Foster Care <input type="checkbox"/> Child of Incarcerated Parent
<b>Comments:</b> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>		

Supplemental Questions
<p><b>Are you currently enrolled or receiving Workforce Innovation and Opportunity Act Services (WIOA), through the Savannah Impact Program?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If yes, what services are you receiving? For example GED, Work Experience, Summer Job, etc.</b></p> <hr/> <hr/> <hr/>
<p><b>What have you been doing since you last attended school?</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Why do you want to be a part of the YouthBuild Savannah Program?</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>What are your plans after receiving your GED?</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>What changes will you have to make in order to complete the YouthBuild Savannah Program? Are you ready to make those changes? How do you know?</b> (Please explain thoroughly, use reverse side of this page, if needed.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Release of Information Consent /Certification & Acknowledgment	
<b>RELEASE INFORMATION FOR ELIGIBILITY</b>	<b>Initial Here →</b>
I authorize the release of my information to YouthBuild Savannah staff as necessary to determine my eligibility for the YouthBuild Savannah Program. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.	
<b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b>	<b>Initial Here →</b>
I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to YouthBuild Savannah staff. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that YouthBuild Savannah staff must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.	
<b>RELEASE INFORMATION FOR EMPLOYMENT</b>	<b>Initial Here →</b>
I authorize the release of my current and past employment information to YouthBuild Savannah staff. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.	
<b>CERTIFICATION &amp; ACKNOWLEDGMENT</b>	<b>Initial Here →</b>
I hereby affirm that the information provided on this application is true and completed to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for the YouthBuild Savannah Program and may be considered justification for dismissal if discovered at a later date. I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.	
<p align="center"><b>Applicants are responsible for insuring that all required <u>eligibility</u> documentation is submitted by the due date. Missing documentation will delay the process of your application.</b></p> <p align="center"><b><i>Please read carefully, initial each release/acknowledgment, sign and date.</i></b></p>	
<b>Signature:</b>	<b>Date:</b>







## **Release of Testing Information Authorization Form**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
{Last, First, MI}

I, \_\_\_\_\_, hereby give consent for the YouthBuild Savannah Program to release the results from my Test of Adult Basic Education (TABE), administered by the YouthBuild Savannah Program Staff, to any training agency that will be assisting in my training and/ or employment.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian's Signature (If under 18 years old)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**YouthBuild Savannah Program Staff**

\_\_\_\_\_  
**Date**





## **Parent/ Guardian & Youth Participant Permission Form**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
{Last, First, MI}

I, \_\_\_\_\_, grant permission to the YouthBuild Savannah Program and its partners to assist my child, \_\_\_\_\_, with furthering his/ her academic and vocational skills.

I understand my son or daughter may be required to take **basic written and oral exams, physical exams, or drug screens** as prerequisites to beginning a class or workforce training job placement.

I understand that as a participant in this program, my child may be involved in **various workshops** with topics including, but not limited to: **goal setting, leadership / motivation, workforce readiness, career planning, alternative schooling, social skills, peer pressure, substance abuse, and sexual health.**

I understand that some YouthBuild Savannah Program activities/ events may involve **late afternoon and/ or weekend participation** and I will be notified of the event in advance.

I understand that occasionally my child may require **assistance with transportation** to planned activities /events and I will be notified of the event in advance.

I understand the YouthBuild Savannah Program may request my **child's educational and employment history from previous training programs, academic institutions, and employers.**

I understand the YouthBuild Savannah Program will request a **copy of my child's criminal background history.**

I understand the YouthBuild Savannah Program may request important official documents {**originals or certified copies**} from me in order to properly serve my child. Those documents include, but are not limited to: **Income Verification (6 months prior to program enrollment); AND for Post- Secondary Education/College enrollment: a copy of my Valid Driver's License or Identification Card; a copy of my 2015 & 2016 Tax Returns for financial aid, such GA HOPE Grant and the federal PELL Grant.**

I understand I can contact the YouthBuild Savannah Program Staff at any time, both during and after enrollment with any questions concerning his/her progress or the program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YouthBuild Savannah Program Staff

\_\_\_\_\_  
Date



**REMOVE THIS PAGE AND KEEP UNTIL ALL THE REQUIRED  
ALL DOCUMENTS ARE SUBMITTED!!!**

## ***YouthBuild Savannah Program Eligibility Checklist***

***Dear Prospective Trainee:***

***The information listed below is needed ON Friday, January 27<sup>th</sup>, 2017 to determine eligibility for the YouthBuild Program:***

- ☐ **COPY OF APPLICANT'S VALID DRIVERS LICENSE or GA IDENTIFICATION CARD**
- ☐ **COPY OF PARENT'S OR GUARDIAN'S VALID DRIVERS LICENSE or GA IDENTIFICATION CARD (\*if under 18 years of age)**
- ☐ **COPY OF APPLICANT'S SOCIAL SECURITY CARD**
- ☐ **WITHDRAWAL LETTER FROM LAST SCHOOL ATTENDED**
- ☐ **INCOME VERIFICATION (Copies of the last six (6) months check stubs to include Parent(s), participants and ALL other household members (August 2016 thru January 2017), OR Proof of Public Assistance OR Social Security/Disability Benefits.**
- ☐ **LIBRARY CARD (Chatham County)**
- ☐ **PROOF OF U.S. SELECTIVE SERVICES REGISTRATION**
- ☐ **RELEASE OF INFORMATION FOR TRAINEES (If you are under the age of 18 years old, this document will require your Parent's or Guardian's Signature)**
- ☐ **GA VOTER'S REGISTRATION CARD or STATEMENT OF EXCLUSION FOR TRAINEES (18 yrs. and OLDER)**

**Throughout Mental Toughness and the program cycle participants will be asked to attend special events and professional dress attire will be required.**

**Note: When chosen to participate in the YouthBuild Savannah Program, each participant will be responsible for purchasing the items listed below:**

### ***Males Dress Attire***

***Males must have dark pants, white dress shirts, tie, and dark shoes.***

### ***Females Dress Attire***

***Females must have a pants suit, knee-length skirt or dress with flesh tone stockings and dark enclosed shoes.***

**Should you have any questions, please see or contact a member of staff at 912-651-2166.**